

FORM B

TESTING ACCOMMODATIONS

DISABILITY DOCUMENTATION

(To be Completed by a Physician or Licensed Professional for all applicants)

NOTE: The New Hampshire Board of Bar Examiners requires current medical or learning disability documentation (generally within the last two years). A licensed physician or other professional in the field related to the applicant's disability must complete this form. The applicant must return this form with his/her completed Application for Admission to the Bar of the State of New Hampshire, and provide a copy to the Chair of the Board of Bar Examiners.

(Please Type or Print Legibly)

Physician or Licensed Professional:

Name:

Occupation, Title & Specialty:

License/Certification Number:

Address:

Telephone Number:

Re: Applicant Name:

Please describe your credential(s) which qualify you to diagnose and/or verify the applicant's disability and to recommend an accommodation.

What is the specific diagnosis of the condition, or impairment that requires the applicant to request testing accommodations?

Briefly describe the nature of the impairment and describe how the impairment affects the applicant in a test situation.

Current treatment consists of: (Copies of chart notes are very helpful. Please attach if applicable*)

Last date of treatment/date of consultation with applicant:

Length of treatment with applicant:

Is this a permanent condition?

Yes:

No:

If no, when is the condition/disability likely to abate?

In what way(s) does the condition/disability prevent the applicant from taking the examination under standard testing conditions? (Two 3-hour sessions given over 2 consecutive test days)

*** It is strongly recommended that copies of physician chart notes be attached as part of this documentation. This information will greatly facilitate our evaluation.**

Is the applicant following the prescribed course of treatment?

Yes:

No:

In what way does the prescribed course of treatment improve the applicant's ability to read, write and/or concentrate for extended periods of time?

Given the applicant's condition/disability and your diagnosis/prognosis, what testing accommodations do you recommend? (Check all that apply)

Communications and Alternative

Personal Assistance

	MBE	Essay		MBE	Essay
Braille version of exam			Typist		
Magnifying glass			Reader		
Audio cassette version of exam			Assistance with computer		
Large Print exam materials 18 pt. 20 pt.			Other		

If you are recommending that the applicant bring special equipment or personal items into test room (e.g., medications, special chair, special lighting), please describe.

Additional Test Time Required

MBE Portion	Add'l Time Requested	Essay Portion	Add'l Time Requested
MBE AM Session		Essay AM Session	
MBE PM Session		Essay PM Session	

Explain why additional time is needed.

Limited Testing Time

If you are recommending that the applicant limit the length of his/her test day, specify the requested time limitations for each test day and indicate why time limitations are required.

Other accommodations requested. Please be specific.

In what way will the recommended accommodation compensate for the disability?

Please submit any reports, chart notes or any other written documentation that supports or explains this diagnosis of disability and/or recommendation for accommodations.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Physician/Licensed Professional

Name (Print)

Date

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the New Hampshire Board of Bar Examiners to assist in determining reasonable testing accommodations.